



HARMONIC HEARTS

Describe any specific medical attention or assistance you will need while visiting our center (you must be able to get into the unit or bring a caregiver to help you). _____

Will you be bringing a caregiver, nurse or spouse with you? _____

Please circle the word that best describes your current state of health:

Excellent Good Average Improving Declining Serious Debilitated

What brings you joy? _____

Please circle the most emotional draining relationship or relationship in your life:

Significant Other Job Children Your Relationship with Yourself State of the World

Is your home environment peaceful or stressful most of the time? _____

Do you have trouble concentrating, or 'brain fog?' Y N Do you feel supported? Y N

What drives you, inspires you, gives you a sense of purpose: _____

Please check the emotions that best reflect how you feel most of the time:

| | | | |
|-------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Joy | <input type="checkbox"/> Sad | <input type="checkbox"/> Excited | <input type="checkbox"/> Optimistic |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Depressed | <input type="checkbox"/> Passionate | <input type="checkbox"/> Terrified |
| <input type="checkbox"/> Resentment | <input type="checkbox"/> Hopeless | <input type="checkbox"/> Safe | <input type="checkbox"/> Anxious |
| <input type="checkbox"/> Peaceful | <input type="checkbox"/> Despair | <input type="checkbox"/> Calm | <input type="checkbox"/> Alone |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Blissful | <input type="checkbox"/> Afraid | <input type="checkbox"/> Frustrated |

Do you adhere to any particular diet? _____

How many hours of sleep do you get on average? _____

Do you drink filtered or purified water? Y N

Describe your exercise/activity routine: _____

Are you sensitive to light / loud noise? Y N If Yes, please explain _____

Are you in fear regarding your health? _____

Regaining well being requires a strong personal commitment. How ready are you to make the lifestyle changes, the diet changes and the attitude changes that may be necessary to good health?

Ready Somewhat Not looking to make changes

I have read the above information and have filled out the form to the best of my knowledge. I understand that the questions on this form are being asked in order to better access my current circumstances and their relationship to my well-being. I further understand that I am voluntarily agreeing to have a relaxation therapy session and that no medical claims or promises of healing have been given.

Signature: _____ Date: _____